

Massachusetts 2005

Behavioral Risk Factor Surveillance System

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Interviewer's Script

HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is **(name)**. We are gathering information about the health of **Massachusetts** residents. The survey is conducted by the **Massachusetts Department of Public Health** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **(phone number)**? If **"No"**, thank you very much, but I seem to have dialed the wrong number. It is possible that your number may be called at a later time. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing landline telephones in private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

— Number of adults

If **"1"** Are you the adult?

If **"Yes"** Then you are the person I need to speak with. Enter 1 man or 1 woman below. **[Ask gender if necessary]. Go to Page 5**

If **"No"** Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her)** from previous question]? **Go to "Correct Respondent" on next page.**

How many of these adults are men and how many are women?

— Number of men
— Number of women

The person in your household that I need to speak with is _____.

If "You", Go to Page 5

To Correct Respondent: HELLO, I am calling for the **Massachusetts Department of Public Health**. My name is **(name)**. We are gathering information about the health of **Massachusetts** residents. This project is conducted by the **Massachusetts Department of Public Health** with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Zi Zhang (PRONOUNCED Chang) at (617) 624-5623

[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

1.1 Would you say that in general your health is: (73)

Hlth1

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

Do Not Read

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

Hlth4

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

Hlth5

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

{If Q2.1 and Q2.2=88 (None), Go to next section.}

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

Hlth6

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

Hins1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added: Health Care Access

[Splits 1,2,3]

{If Q3.1=1, continue; Else go to MA3.3}

MA3.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

Hins7

- 1 Yes **{Go to Q3.2}**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA3.2 What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

Please read

Hins8

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

Do not read

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

pre-MA3.3 - {All from MA3.2 go to Core Q3.2}

MA3.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

Please read

Coverage through:

Hins13

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Masshealth
- 06 The military, CHAMPUS, TriCare or the VA **[or CHAMP-VA]**
- 07 The Indian Health Service **[or the Alaska Native Health Service]**
- or**
- 08 Some other source

Do not read

88 None
77 Don't know/Not Sure
99 Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider?
(81)

[If "No", ask: "*Is there more than one or is there no person who you think of as your personal doctor or health care provider?*"]

Hins6a

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(82)

Hins5

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

Chkup1

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

Ex1

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 5: Diabetes

- 5.1. Have you EVER been told by a doctor that you have diabetes? (85)

[Note: If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4.**]

Diab1

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*

State-added 5a: Diabetes

[Splits 1,2]

[Pre-MA 5.1]

If Split = 3 then go to next section

Else if Split in (1 2) and Q5.1 does not equal to 1 or 2 then continue; else go to next section

MA5.1. Have you ever been tested for high blood sugar or diabetes?

Bsd1

- 1 Yes
- 2 No (**Go to next section**)
- 7 Don't know / Not sure (**Go to next section**)
- 9 Refused (**Go to next section**)

MA5.2. How long has it been since you had your last blood test for high blood sugar or diabetes?

Bsd2

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 6: Hypertension Awareness

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*

Hpt1a

- 1 Yes
- 2 Yes, but female told only during pregnancy [**Go to next section**]
- 3 No [**Go to next section**]
- 4 Told borderline high or pre-hypertensive [**Go to next section**]
- 7 Don't know / Not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

6.2. Are you currently taking medicine for your high blood pressure? (87)

- 1 Yes

Hpt4

- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Cholesterol Awareness

- 7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

(88)

Chol1

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 7.2. About how long has it been since you last had your blood cholesterol checked?

(89)

Read only if necessary:

Chol2

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read

- 7 Don't know / Not sure
- 9 Refused

- 7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(90)

Chol5

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me **"Yes"**, **"No"**, or you're **"Not sure"**:

- 8.1. (Ever told) you had a heart attack, also called a myocardial infarction? (91)

Cardo3a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 8.2. (Ever told) you had angina or coronary heart disease? (92)

Cardo3b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.3. (Ever told) you had a stroke? (93)

Cardo3c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma?

(94)

Asthma1a

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

9.2. Do you still have asthma? (95)

Asthma4

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added: Adult Asthma History Module

[Split 3]

{If Core Q9.1=1 then continue. Else, go to next section.}

MA9.1. How old were you when you were first told by a doctor or other health professional that you had asthma?

(278-279)

Age in years 11 or older [96=96 and older]

Asthwk1

- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{If "Yes" to Core Q9.2, continue. Otherwise, Go to State-Added: Work-related Asthma.}

MA9.2. During the past 12 months, have you had an episode of asthma or an asthma attack? (282)

Asthma5

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA9.3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

(283-284)

Number of visits [87=87 or more]

Asthmaer

- 8 8 None
9 8 Don't know / Not sure
9 9 Refused

MA9.4. [If one or more visits to Q3, fill in (Besides those emergency room visits)], During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?
(285-286)

Asthdr

- Number of visits [87=87 or more]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

MA9.5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?
(280-281)

Asthdr2

- Number of visits [87=87 or more]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

MA9.6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?
(287-289)

Asthwork

- Number of days
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

MA9.7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say?
(290)

Asthsymp

- Please read**
8 Not at any time [Go to MA9.9]
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time
or
5 Every day, all the time

- Do not read**
7 Don't know / Not sure
9 Refused

MA9.8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?
Would you say?
(291)

Asthslp

- Please read**
8 None
1 One or two

- 2 Three to four
- 3 Five
- 4 Six to ten
- or
- 5 More than ten

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

MA9.9. During the past 30 days, how many days did you take a prescription asthma medication **to prevent** an asthma attack from occurring?
(292)

Asthmed1

Please read

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25-30 days

Do not read

- 7 Don't know / Not sure
- 9 Refused

MA9_10. During the past 30 days, how often did you use a prescription asthma inhaler **during an asthma attack** to stop it?
(293)

[INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

Asthmed2

Read only if necessary

- 8 Never (include no attack in past 30 days)
- 1 One to four times (in the past 30 days)
- 2 Five to fourteen times (in the past 30 days)
- 3 Fifteen to twenty-nine times (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)

Do not read

- 7 Don't know / Not sure
- 9 Refused

State-Added: Work-related Asthma

[Split 3]

{If Q9.1 = 1 then continue; else if Q9.1 = (2,7,9) then Go To Next Section}

MA9.11. Were you ever told by a doctor, nurse, or other health professional that your asthma was related to any job you ever had?

[If "no", ask: "Have you ever held a job outside the home?"]

Asthwk2

- 1 Yes
- 2 No
- 3 Never worked outside the home [Go to next section]
- 7 Don't know/Not sure
- 9 Refused

MA9.12. Did you ever tell a doctor, nurse, or other health professional that your asthma was related to any job you ever had?

Asthwk3

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 10: Immunization (& Adult Flu Supplemental Questions)

Q10.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

[Read if necessary: We want to know if you had a flu shot injected in your arm.]

Flu1a

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.

Flu7

- 1 Yes
- 2 No [Jan-Feb only: If Q10.1 is "Yes" go to Q10.4, otherwise go to Q10.6]
- 7 Don't know/Not sure [Jan-Feb only: If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]
- 9 Refused [Jan-Feb only: If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]

{Q10.4-Q10.7 to be asked January-February only. March-December, skip to pre-MA10.1}

~~Q10.4 During what month and year did you receive your most recent flu vaccination?~~

~~——— [If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."]~~

~~[If Don't Know, probe: "Was it before or after September 2004?"]~~

~~___/____ Month / Year Code approximate month and year)~~

~~77/7777 Don't know/Not Sure~~

~~____ 99/9999 Refused~~

~~——— [If Q10.4 is DK or RF go to Q10.5 — All from Q10.4 go to Q10.5]~~

~~Q10.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? {CATI fill in appropriate response from Q10.1 and q10.2.}~~

Read only if necessary:

- _____ 01 _____ A doctor's office or health maintenance organization (HMO)
- _____ 02 _____ A health department
- _____ 03 _____ Another type of clinic or health center
[Example: a community health center]
- _____ 04 _____ A senior, recreation, or community center
- _____ 05 _____ A store [Examples: supermarket, drug store]
- _____ 06 _____ A hospital [Example: in-patient]
- _____ 07 _____ An emergency room
- _____ 08 _____ Workplace
- _____ or _____
- _____ 09 _____ Some other kind of place
- _____ 10 _____ Received vaccination in Canada/Mexico
- _____ 77 _____ Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- _____ 99 _____ Refused

_____ {If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7}

Q10.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

_____ [Do not read answer choices below. Select category that best matches response.]

- _____ 01 _____ Need: Do not need it
- _____ 02 _____ Need: Doctor did not recommend it
- _____ 03 _____ Need: Did not know that I should be vaccinated
- _____ 04 _____ Need: Flu is not that serious
- _____ 05 _____ Need: Had the flu already this flu season
- _____ 06 _____ Concern about vaccine: side effects/can cause flu
- _____ 07 _____ Concern about vaccine: does not work
- _____ 08 _____ Access: Plan to get vaccinated later this flu season
- _____ 09 _____ Access: Flu vaccination costs too much
- _____ 10 _____ Access: Inconvenient to get vaccinated
- _____ 11 _____ Vaccine shortage: saving vaccine for people who need it more
- _____ 12 _____ Vaccine shortage: tried to find vaccine, but could not get it
- _____ 13 _____ Vaccine shortage: not eligible to receive vaccine
- _____ 14 _____ Some other reason
- _____ 77 _____ Don't know/Not sure [Probe: "What was the main reason?"]
- _____ 99 _____ Refused

{ If Q10.4=09/2003-04/2004 go to next question, else continue}

Q10.7 Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- _____ 1 _____ Yes
- _____ 2 _____ No
- _____ 7 _____ Don't know/Not sure [Do not probe]
- _____ 9 _____ Refused

State-Added Flu Questions

{State-added Flu questions will be asked March-December only. January and February will contain the CDC Flu Immunization Supplemental Questions}

[Splits 1,2]

{If Q10.1=1 or Q10.2=1 then go to MA10.1 else if Q10.1=2 and Q10.2=2 then go to MA10.2; Else go to Q10.3}

MA10.1 At what kind of place did you get your last **{if Q10.1=1 then read “flu shot”, if Q10.2=1 then read “flu vaccine that was sprayed in your nose”}**

[READ ONLY IF NECESSARY]

Would you say:

Flu2a

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center **[Example: a community health center]**
- 04 A senior, recreation, or community center
- 05 A store **[Examples: supermarket, drug store]**
- 06 A hospital as an inpatient
- 07 Emergency room
- 08 Workplace
- Or**
- 09 Some other kind of place **[specify]** _____
- 77 Don't know
- 99 Refused

{From MA10.1, all go to Core Q10.3}

MA10.2 What is the main reason you didn't get a flu shot or a flu spray in the nose?

[READ ONLY IF NECESSARY]

Would you say:

Flu6

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available
- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 08 Don't need a flu shot/not at risk/flu not serious
- 10 Shot could give me the flu/allergic reaction/other health problem
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 12 Don't like shots or needles / don't want it
- Or**
- 13 Other **[specify]** _____
- 77 Don't Know/Not Sure
- 99 Refused

10.3. Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(98)

Pneum

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{Q10.8-Q10.11 to be asked January-February only. March-December go to next section.}

~~Q10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?~~

~~_____ **Read each problem listed below:**~~

~~_____ Asthma~~

~~_____ Lung problems, other than asthma~~

~~Heart problems~~

~~Diabetes~~

~~Kidney problems~~

~~Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids~~

~~-or-~~

~~Sickle cell anemia or other anemia~~

~~1 _____ Yes~~

~~2 _____ No **[Go to Q10.10]**~~

~~7 _____ Don't know/Not sure **[Go to Q10.10]**~~

~~9 _____ Refused **[Go to Q10.10]**~~

~~Q10.9 Do you still have (this/any of these) problem(s)?~~

~~1 _____ Yes~~

~~2 _____ No~~

~~7 _____ Don't know/Not sure **[Do not probe]**~~

~~9 _____ Refused~~

~~Q10.10. _____ Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?~~

~~_____ **[If necessary say: This includes part-time and volunteer work.]**~~

~~1 _____ Yes~~

~~2 _____ No **[Go to next section]**~~

~~7 _____ Don't know/Not sure **(Do not probe) [Go to next section]**~~

~~_____ 9 _____ Refused **[Go to next section]**~~

~~Q10.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?~~

~~1 _____ Yes~~

~~2 _____ No~~

~~7 _____ Don't know/Not sure **[Probe by repeating question]**~~

~~_____ 9 _____ Refused~~

Section 11: Tobacco Use

11.1. Have you smoked at least 100 cigarettes in your entire life?
(99)

Note: 5 packs = 100 cigarettes

1 Yes

Smk1

- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

11.2. Do you now smoke cigarettes every day, some days, or not at all?
(100)

Smk2

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

(101)

Smk4f

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Alcohol Consumption

12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(102)

Drink1

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(103-105)

Drink2

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(106-107)

Drink3

- Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

(108-109)

Alc8

Alc8	8 8	Number of times
	7 7	None
	9 9	Don't know / Not sure
	9 9	Refused

12.5. During the past 30 days, what is the largest number of drinks you had on any occasion?
(110-111)

Drink4	7 7	Number
	9 9	Don't know / Not sure
	9 9	Refused
	9 9	Refused

Section 13: Demographics

13.1. What is your age? (112-113)

Age	0 7	Code age in years
	0 9	Don't know / Not sure
	0 9	Refused
	0 9	Refused

13.2. Are you Hispanic or Latino? (114)

Hisp	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

13.3. Which one or more of the following would you say is your race? (115-120)

[Check all that apply]

MRace1-6	Please read	
	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
	6	Other [specify] _____

Do not read

8	No additional choices
7	Don't know / Not sure
9	Refused

{If more than one response to Q13.3, continue. Otherwise, Go to pre-MA13.1.}

13.4. Which one of these groups would you say BEST represents your race? (121)

Orace2	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian or Alaska Native

- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

State-added Ethnicity

[Splits 1,2,3]

pre-MA13.1 - {If Q13.2 = 1 or Q13.3 = 3 then Go to MA13.1; else go to Q13.5}

MA13.1. Which best describes your ancestry or heritage? Would you say ...{If Q13.2 = 1, please

read 1,2,3,4,6,12,13; Else if Q13.3 = 3, please read 5,6,8,10,11,14; Else if Q13.2=1 AND Q13.3=3, please read 1-14}

Please read

- 1 Puerto Rican
- 2 Dominican
- 3 Mexican
- 4 Salvadorian
- 5 Chinese
- 6 Filipino
- 8 Cambodian
- 10 Vietnamese
- 11 Japanese

Or

- 12 Other Central American [specify] _____
- 13 Other South American [specify] _____
- 14 Other Asian [specify] _____

Do not read

- 77 Don't Know/Not Sure
- 99 Refused

Ancestry

13.5. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

Do not read

- 9 Refused

Mrt1

13.6. How many children less than 18 years of age live in your household? (123-124)

Chage1

- 8 8 Number of children
- 8 8 None
- 9 9 Refused

13.7. What is the highest grade or year of school you completed? (125)

Read only if necessary:

Educ

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently? (126)

Please read

Emp1

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired,
or
- 8 Unable to work

Do not read

- 9 Refused

13.9. Is your annual household income from all sources...? (127-128)

[If respondent refuses at ANY income level, code 99 (Refused).]

Read only if necessary:

IncM

- 0 4 Less than \$25,000 {If “no”, ask 05; if “yes”, ask 03}
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 {If “no”, code 04; if “yes”, ask 02}
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 {If “no”, code 03; if “yes”, ask 01}
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 {If “no”, code 02}
- 0 5 Less than \$35,000 {If “no”, ask 06}
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 {If “no”, ask 07}
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 {If “no”, code 08}
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read

- 7 7 Don't know / Not sure
- 9 9 Refused

13.10. About how much do you weigh without shoes? (129-132)

{Programming Note: If respondent answers in metrics, put “9” in column 129.}

[Round fractions up]

Wght

Weight
(pounds/kilograms)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.11. About how tall are you without shoes? (133-136)

Note: If respondent answers in metrics, put “9” in column 133.

[Round fractions down]

Hght

Height
(ft / inches/meters/centimeters)
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

State-Added City/Town

[Splits 1,2,3]

MA13.2. What city or town do you live in?

Town

Town code [001-351]
8 8 8 OTHER: [SPECIFY] _____
7 7 7 Don't Know/Not Sure
9 9 9 Refused

[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, OSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]

13.13. What is your ZIP Code where you live? (140-144)

Zipcode

ZIP Code
7 7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 9 Refused

13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

Tels2

1 Yes
2 No [Go to Q13.16]
7 Don't know / Not sure [Go to Q13.16]
9 Refused [Go to Q13.16]

13.15. How many of these phone numbers are residential numbers? (146)

Telres1

- 7 Residential telephone numbers [6=6 or more]
Don't know / Not sure
9 Refused

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)

Telres2

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

13.17. Indicate sex of respondent. [Ask only if necessary]. (148)

Sex

- 1 Male [Go to pre-MA13.3]
2 Female [If respondent is 45 years old or older, Go to pre-MA13.3]

13.18. To your knowledge, are you now pregnant? (149)

Preg1

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

State Added: Sexual Orientation

[Split 1,2,3]

pre-MA13.3 – {If Q13.1=7,9,18-64, continue; If Q13.1>64, go to Next section}

MA13.3. Do you consider yourself to be:

Sexo1

Please read

- 1 Heterosexual or straight
2 Homosexual or [if respondent is male read "gay"; else if female, read "lesbian"]
3 Bisexual
or
4 other

do not read

- 7 Don't Know/Not Sure
9 Refused

Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

Militar1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Disability

The following questions are about health problems or impairments you may have.

- 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems?

(151)

Q11

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(152)

[Note: Include occasional use or use in certain circumstances.]

Disb15

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

- 16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

(153)

Arth13

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

- 16.2. Did your joint symptoms FIRST begin more than 3 months ago?

(154)

Arth14

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

- 16.3. Have you EVER seen a doctor or other health professional for these joint symptoms?

(155)

Arth7a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
(156)

Arth15

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

{If either Q16.2=1 (Yes) or Q16.4=1 (Yes), continue. Otherwise, Go to next section.}

- 16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(157)

Arth3a

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

[Note: If a respondent question arises about medication, then the interviewer should reply:
"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."]

Section 17: Fruits & Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

- 17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

Frt1

- 1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don't know / Not sure

9 9 9 Refused

17.2. Not counting juice, how often do you eat fruit? (161-163)

Frt2

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

17.3. How often do you eat green salad? (164-166)

Frt3

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

Frt4

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

17.5 How often do you eat carrots? (170-172)

Frt5

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

Frt6

1 _ _ Per day
2 _ _ Per week
3 _ _ Per month
4 _ _ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 18: Physical Activity

{If Core Q13.8=1(employed for wages) or 2(self-employed), continue. Otherwise, Go to Q18.2.}

- 18.1. When you are at work, which of the following best describes what you do? Would you say?

(176)

[Note: If respondent has multiple jobs, include all jobs.]

Pact1

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read

- 7 Don't know / Not sure
- 9 Refused

Please read

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2. Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(177)

Pact2

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

(178-179)

Pact3

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?
- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
 - 7 7 Don't know / Not sure [Go to Q18.5]
 - 9 9 Refused [Go to Q18.5]

- 18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(180-182)

Pact4

- : Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 18.5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large

increases in breathing or heart rate?

(183)

Pact5

- 1 Yes
2 No [Go to next section]
7 Don't know / Not sure [Go to next section]
9 Refused [Go to next section]

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(184-185)

Pact6

- Days per week
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
7 7 Don't know / Not sure [Go to next section]
9 9 Refused [Go to next section]

- 18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(186-188)

Pact7

- : Hours and minutes per day
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 19: HIV/AIDS

[If respondent is 65 years or older (Q13.1>64), Go to next section]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation.
Include tests using fluid from your mouth.

(189)

Hiv15

- 1 Yes
2 No [Go to Q19.4]
7 Don't know / Not sure [Go to Q19.4]
9 Refused [Go to Q19.4]

- 19.2. Not including blood donations, in what month and year was your last HIV test?
(190-195)

[Note: If response is before January 1985, code "Don't know."]

Hiv25b

- / Code month and year
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

- 19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site,
at a hospital, at a clinic, in a jail or prison, at home, at a drug treatment facility, or somewhere else?

(196-197)

Hiv10c2

Hiv10c2

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 In a jail or prison (or other correctional facility)
- 0 6 Home
- 0 7 Somewhere else
- 08 Drug treatment facility

- 7 7 Don't know / Not sure
- 9 9 Refused

- 19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Please read

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Ivstdhiv

Do any of these situations apply to you?
(198)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 20: Emotional Support & Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- 20.1. How often do you get the social and emotional support you need?
(199)

Please read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Q16

Do not read

- 7 Don't know / Not sure
- 9 Refused

- 20.2. In general, how satisfied are you with your life?
(200)

Q17

Please read

Q17

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 21: MA Tobacco

[Splits 1, 2]

If Split = 3 then go to Next Section

Else if split = [1, 2] then do:

If Q11.2 = 1 then go to MA21.1;

Else if Q11.2 = 2 then go to MA21.2;

Else if Q11.2 = 3 then go to MA21.3;

Else if Q11.1 = [2,7,9] or Q11.2 = 9 then go to MA21.10Int

Now I would like to ask you some more questions about smoking.

MA21.1. [Daily smokers] On the average, about how many cigarettes a day do you now smoke?

Smk3a

[1 pack = 20 cigarettes]

Number of cigarettes **[76 =76 or more] [Go to MA21.4]**

7 7 Don't know/Not sure **[Go to MA21.4]**

9 9 Refused **[Go to MA21.4]**

MA21.2. [Someday smokers] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Smk3b

[1 pack = 20 cigarettes]

Number of cigarettes **[Go to MA21.4]**

7 7 Don't know/Not sure **[Go to MA21.4]**

9 9 Refused **[Go to MA21.4]**

Previously you said you have smoked cigarettes:

MA21.3 About how long has it been since you last smoked cigarettes?

Read only if necessary

01 Within the past month (anytime less than 1 month ago) **[Go to MA21.4]**

02 Within the past 3 months (1 month but less than 3 months ago) **[Go to MA21.4]**

03 Within the past 6 months (3 months but less than 6 months ago) **[Go to MA21.4]**

04 Within the past year (6 months but less than 1 year ago) **[Go to MA21.4]**

05 Within the past 5 years (1 year but less than 5 years ago) **[Go to MA21.10]**

06 Within the past 10 years (5 years but less than 10 years ago) **[Go to MA21.10]**

07 10 or more years ago **[Go to MA21.10]**

77 Don't know / Not sure **[Go to MA21.10]**

99 Refused **[Go to MA21.10]**

Smk5a

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

MA21.4 In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

Smk12a

____ Number of times [Range 01-76]
 88 None [Go to MA21.8]
 77 Don't know / Not sure
 99 Refused

MA21.5. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

Smk12b

____ Number of visits [Range 01-76]
 88 None [go to MA21.8]
 77 Don't know / Not sure [go to MA21.8]
 99 Refused [go to MA21.8]

MA21.6. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?
[Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on]

Smk12c

____ Number of visits [Range 01-76]
 88 None
 77 Don't know / Not sure
 99 Refused

MA21.7. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

Smk12d

____ Number of visits (01-76)
 88 None
 77 Don't know / Not sure
 99 Refused

MA21.8 In the past 12 months, have you heard, read, or seen any information about quitting smoking?

Smk13

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

{IF Q11.2 = [1,2] then go to MA21.9; else go to MA21.10int}

MA21.9. Are you planning to quit smoking in the next 30 days?

Smk9d

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

MA21.10int The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

MA21.10 [ASK ALL] Which statement best describes the rules about smoking in your home ...

Ensmk2

Ensmk2

- Please read**
- 1 no one is allowed to smoke anywhere
 - 2 smoking is allowed in some places or at some times
- or**
- 3 smoking is permitted anywhere

- Do not read**
- 7 Don't know/Not sure
 - 9 Refused

{If Q13.8 = [1,2] then go to MA21.11; else if Q13.8 = [3,4,5,6,7,8,9] then go to MA21.12}

MA21.11 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

Etswork

- ____ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week
 - 88 None
 - 77 Don't Know
 - 99 Refused

MA21.12 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at home?

Etshome

- ____ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week, but more than none
 - 88 None
 - 77 Don't Know
 - 99 Refused

MA21.13 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were in other places?

Etsother

- ____ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week
 - 88 None
 - 77 Don't Know
 - 99 Refused

{If Q13.8 = [1,2,6] then go to MA21.14; else if Q13.8 = [3,4,5,7,8,9] then go to MA21.17}

MA21.14. Do you work primarily indoors or outdoors?

Wkets1

- 1 Indoors
- 2 Outdoors [Go to MA21.17]
- 3 Both
- 4 Don't currently work [Go to MA21.17]
- 7 Don't Know/Not Sure [Go to MA21.17]
- 9 Refused Go to [Go to MA21.17]

MA21.15. Which of the following best describes your main place of work [if MA21.14=3 then read: "when you work indoors"]?

PLEASE READ

Wkets2

- 1 Office building
- 2 Factory
- 3 Store

- 4 School
- 5 Hospital or other healthcare facility
- 6 Restaurant or bar
- 8 At home **[Go to MA21.17]**
- 10 or some other place (specify) _____

Do Not Read

- 77 Don't Know/Not Sure
- 99 Refused

MA21.16. I am going to read you a list of typical workplace smoking policies. Please tell me which one is most like the policy at your workplace.

Wkets3

PLEASE READ

- 1 Smoking is not allowed anywhere inside the building
- 2 Smoking is only allowed in a few designated smoking areas
- 3 Smoking is allowed in most areas

Do Not Read

- 7 Don't Know/Not sure
- 9 Refused

MA21.17 In the past 12 months, about how often have you gone out to a bar or nightclub anywhere? Would you say...

Socets1

Please Read

- 1 more than once a week
- 2 about once a week
- 3 about once or twice a month
- 4 less often than once a month **[go to next section]**
- 5 never **[go to next section]**

Do Not Read

- 7 Don't know / Not sure **[go to next section]**
- 9 Refused **[go to next section]**

{If MA21.17=1,2,or 3 continue, else go to next section}

MA21.18 When you were out at a bar or club, how often did you see someone smoking? Would you say...

Socets2

Please Read

- 1 never
- 2 rarely
- 3 sometime
- 4 often
- 5 always

Do not read

- 7 don't know / not sure
- 9 refused

Section 22: Disability and Quality of Life

[Split 3]

If Split = [1,2] GO TO Section 23
Else if Split = 3 then continue

Now I would like to ask you some questions about your health and problems you may have.

MA22.1 During the past 30 days, for about how many days have you felt sad, blue, or depressed?

Daysad	_____	Number of days	-
	8 8	None	
	7 7	Don't know/Not sure	
	9 9	Refused	

MA22.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

Daytense	_____	Number of days	-
	8 8	None	
	7 7	Don't know/Not sure	
	9 9	Refused	

{If Q15.2 = 1 then go to MA22.3. Else go to MA22.4.}

MA22.3 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

Disb5	PLEASE READ		
	1	Not any distance	
	2	Across a small room	
	3	About the length of a typical house	
	4	About one or two city blocks	
	5	About one mile	
	-or-		
6	More than one mile		

Do not read:

- 7 Don't know / Not sure
- 9 Refused

MA22.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

Disb2	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

{If Q15.1 = 1 or Q15.2 = 1 or MA22.4 = 1 then go to MA22.6. Else, go to MA22.5.}

MA22.5. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

Disb2a	1	Yes
	2	No [GO TO NEXT SECTION]
	7	Don't know / Not sure [GO TO NEXT SECTION]
	9	Refused [GO TO NEXT SECTION]

MA22.6 What is the major impairment or health problem that limits your activities or causes your disability?

[If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated on an earlier question."]

Q12

Read Only if Necessary

- 0 1 Arthritis/rheumatism
- 0 2 Back or neck problem
- 0 3 Fractures, bone/joint injury
- 0 4 Walking problem
- 0 5 Lung/breathing problem
- 0 6 Hearing problem
- 0 7 Eye/vision problem
- 0 8 Heart problem
- 0 9 Stroke problem
- 1 0 Hypertension/high blood pressure
- 1 1 Diabetes
- 1 2 Cancer
- 1 3 Depression/anxiety/emotional problem
- 1 4 Other impairment/problem [**specify**]_____

Do not read:

- 7 7 Don't know/Not sure
- 9 9 Refused

MA22.7. For how long have your activities been limited because of your major impairment, health problem or disability?

Q13

- 1 ___ Days_
- 2 ___ Weeks _
- 3 ___ Months_
- 4 ___ Years _
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

MA22.8. Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Q14

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA22.9. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Q15

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 23: Diabetes Module

[Split = 1,2]

{If Split = 1,2 and Q 5.1 =1 then continue; else go to Section 23a}

Next I'd like to ask you some more questions about diabetes.

MA23.1 What type of diabetes do you have?

Diabtype

Please read:

1 Type 1

2 Type 2

or

3 Other (specify _____)

Do not read:

7 Don't know /Not sure

9 Refused

MA23.2 How old were you when you were told you had diabetes?

Diab2

Code age in years [97 = 97 and older]
Don't know/Not sure
9 9 Refused

MA23.3 Are you now taking insulin?

Diab3

1 Yes

2 No

9 Refused

MA23.4 Are you now taking diabetes pills?

Diab15

1 Yes

2 No

7 Don't know/Not sure

9 Refused

MA23.5 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Diab5

1 ___ Times per day

2 ___ Times per week

3 ___ Times per month

4 ___ Times per year

8 8 8 Never

7 7 7 Don't know/Not sure

9 9 9 Refused

MA23.6 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Diab9a

1 ___ Times per day

2 ___ Times per week

3 ___ Times per month

4 ___ Times per year

8 8 8 Never

5 5 5 No feet

7 7 7 Don't know/Not sure
9 9 9 Refused

{IF MA23.6=555 THEN GO TO MA23.8; ELSE CONTINUE WITH MA23.7}

MA23.7 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

Diab13	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

MA23.8 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

Diab7	—	—	Number of times [76 = 76 or more]
	8	8	None
	7	7	Don't know/Not sure
	9	9	Refused

MA23.9 A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

Diab8a	—	—	Number of times [76 = 76 or more]
	8	8	None
	9	8	Never heard of hemoglobin "A one C" test
	7	7	Don't know/Not sure
	9	9	Refused

{IF MA23.6 = 555 THEN GO TO MA23.12; ELSE CONTINUE WITH MA23.10}

MA23.10 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

Diab9	—	—	Number of times [76 = 76 or more]
	8	8	None
	7	7	Don't know/Not sure
	9	9	Refused

MA23.11 When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Diab14	Read only if necessary	
	1	Within the past month (anytime less than 1 month ago)
	2	Within the past year (1 month but less than 12 months ago)
	3	Within the past 2 years (1 year but less than 2 years ago)
	4	2 or more years ago
8	Never	

Do not read
7 Don't Know/Not Sure
9 Refused

Diab3a	23.12 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------

Diab3a

Read Only if Necessary

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never

Do not read

- 7 Don't know/Not sure
- 9 Refused

MA23.13 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

Diab3b

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA23.14 Have you ever taken a course or class in how to manage your diabetes yourself?

Diabmo1c

- 1 Yes
- No
- Don't know/Not sure
- 9 Refused

MA23.15. Besides a course or class, have you received education from any of the following on how to care for your diabetes--

	Yes	No	Don't Know	Refused
Diabmo1-a,b,d,e				
a. a nurse or nurse practitioner?	1	2	7	9
b. a nutritionist or dietitian?	1	2	7	9
c. a doctor?	1	2	7	9
d. someone else {specify: _____}	1	2	7	9

Section 23a: Diabetes Information

[Split = 1]

{If Split = 1 then continue; else go to next section}

MA23a.1 In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes?

Diabin

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

MA23a.2. I'm going to read you a list of places where you might have gotten information about the importance of controlling diabetes. Did you get any of this information:

	Yes	No	Don't Know	Refused
Diabin-a,b,d,e,i				
a. from television?	1	2	7	9
b. from the radio?	1	2	7	9
d. from a newspaper or magazine?	1	2	7	9
e. from a brochure or other printed material?	1	2	7	9
f. Internet?	1	2	7	9

Section 24: Colorectal Cancer Screening

[Split = 1,2]

{If Split = 1,2 and age >=50 then continue; else go to next section}

MA24.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

Colo5

- 1 Yes
- 2 No **Go to MA24.3**
- 7 Don't know / Not sure **Go to MA24.3**
- 9 Refused **Go to MA24.3**

MA24.2. How long has it been since you had your last blood stool test using a home kit?

Read only if necessary

Colo6

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read

- 7 Don't know / Not sure
- 9 Refused

MA24.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

Colo8

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

MA24.4 Were you given medication to make you sleepy and more comfortable during the exam, and were you advised not to drive or or work on the day of the exam?

Colo10

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

MA24.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Colo9

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 25: Mammography

[Split = 3]

{If Split = 3 and Sex = 2 then continue; else go to next section}

MA25.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

Mamm2

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refuse **[Go to next section]**

MA25.2. How long has it been since you had your last mammogram?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Mamm3a

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 26: Varicella/Shingles

[Split = 1,2]

{If Split = 1,2 then continue; else go to next section}

I would like to ask a few questions about the health of everyone living in the household, including children.

MA26.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Code ages:

97 = 97 and older

98 = DK/NS

99 = Refused

a. Person #1 --

b. Person #2 --

c. Etc.

Varic1a-p

MA26.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

Varic2

1 Yes

2 No **Go to MA26.4**

7 Don't know/Not sure **Go to MA26.4**

9 Refused **Go to MA26.4**

MA26.3. What are the current ages of all those who had chickenpox in the past 12 months?

Code ages:

= <1 year

97 = 97 and older

98 = Dk/NS

9 = Ref

a. Person #1 ____

b. Person #2 ____

c. [Etc.]

Varic3a-p

MA26.4. Have you or anyone else currently living in your household ever had shingles?

Varic4

1 Yes

2 No **[Go to next section]**

7 Don't know/Not sure **[Go to next section]**

9 Refused **[Go to next section]**

MA26.5. What are the current ages of all those who ever had shingles?

Code ages:

0 = <1 year

97 = 97 and older

98 = Dk/NS

99 = Ref

a. Person #1 ____

b. Person #2 ____

c. [Etc.]

Varic5a-p

MA26.6. **[Ask for each person listed in MA26.5, in the same order as MA26.5]** How old was the ____ year old when they had shingles?

Code ages:

0 = <1 year

97 = 97 and older

a. Person #1 ____

b. Person #2 ____

Varic6a-h

98 = Dk/Ns
99 = Ref

c. Etc.]

Pre-MA26.7

{If MA26.5a minus MA26.6a = [0,1] or MA26.5b minus MA26.6b = [0,1] etc. then go to MA26.7; Else go to next section}

MA26.7 [Ask for each person for whom MA26.5 – MA26.6 = [0,1], in same order as MA26.5] Did the _____ year old have shingles in the last 12 months, that is since (INSERT CURRENT MONTH) of last year?

Shingles1a-r

1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 27: Childhood Health

[Splits = 2, 3]-

[January and February ask this section of ALL splits; Starting March, ask only splits 2,3]

If split = 1 or {splits = 2,3 and Q13.6 = 00, 88, or 99 (no children under age 18 in the household, or refused)}, then go to next section; else continue;

{If Q13.6=00, 88, or 99 (no children under 18 or refused), then go to next section; Else continue.}

If Core Q13.6 = 1; **INTERVIEWER:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to MA27.1.]

If Core 13.6 is >1 and Core Q13.6 does not equal to 88 or 99; **INTERVIEWER:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last child.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the “X”th child in your household. All following questions about children will be about the “Xth” child.”

MA27.1 What is the birth month and year of the “Xth” child?

(294-299)

ChldH1

_____/_____
7 7 / 7 7 7 7 Code month and year
Don't know / Not sure [Go to next section] {This skip added for March-December}
9 9 / 9 9 9 9 Refused [Go to next section] {This skip removed for Jan-Feb.}

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1 = 0 to 216) and also in years (CHLDAGE2 = 0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months

in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

MA27.2 Is the child a boy or a girl? (300)

ChldH2	1	Boy
	2	Girl
	9	Refused

{This skip added for January-February only: {If MA27.1=99/9999, go to Q13.20 Child Flu; Else continue} }

MA27.3 Is the child Hispanic or Latino? (301)

ChldH3	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA27.4 Which one or more of the following would you say is the race of the child?
(302-307)

[Check all that apply]

ChldH4	Please read	
	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
	or	
6	Other [specify] _____	

DO NOT READ

8 No additional choices
7 Don't know / Not sure
9 Refused

{If more than one response to MA27.4, continue. Otherwise, Go to MA27.6}

MA27.5. Which one of these groups would you say best represents the child's race?
(308)

ChldR1	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
	6	Other
	7	Don't know / Not sure
	9	Refused

MA27.6 How are you related to the child? (309)

Please read

1 Parent (mother or father) include biologic, step or adoptive parent

ChldR2

- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) include biologic, step and adoptive sibling
- 5 Other relative
- 6 Not related in any way

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

{CDC Child Flu questions added here for January-February, remove questions beginning in March}

Q13.20 ~~_____ Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?~~

~~_____ **Read each problem listed below:**~~

~~_____ Asthma~~

~~Lung problems, other than asthma~~

~~Heart problems~~

~~Diabetes~~

~~Kidney problems~~

~~Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids~~

~~Must take aspirin every day~~

~~-or-~~

~~Sickle cell anemia or other anemia~~

~~1 _____ Yes~~

~~2 _____ No [Go to Q13.22]~~

~~7 _____ Don't know/Not sure [Probe by repeating the question] [Go to Q13.22]~~

~~9 _____ Refused [Go to Q13.22]~~

Q13.21 _____ Does [Fill: he/she] still have (this/any of these) problem(s)?

1 _____ Yes

2 _____ No

7 _____ Don't know/Not sure [Do not probe]

9 _____ Refused

Q13.22 ~~{if child is less than 6 months old, go to MA27.7, otherwise ask}~~: During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

1 _____ Yes

2 _____ No

7 _____ Don't know/Not sure [Do not probe]

9 _____ Refused

Q13.23. _____ During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™.

1 _____ Yes [Go to Q13.24]

2 _____ No [If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25]

7 _____ Don't know/Not sure [Do not probe] [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

9 _____ Refused [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25,

~~otherwise go to Q13.26}~~

Q13.24 _____ During what month and year did [Fill: he/she] receive the most recent flu vaccination?

_____ If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

____/____ Month / Year [If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26]

77/7777 _____ Don't know/Not Sure [Probe: "Was it before or after September 2004?"]

_____ Code approximately month and year]

_____ 99/9999 _____ Refused

{If Q13.24 is DK or RF, go to Q13.25}

Q13.25. _____ What is the MAIN reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

_____ Do not read answer choices below. Select category that best matches response.

- _____ 01 _____ Need: Child does not need it–
- _____ 02 _____ Need: Doctor did not recommend it–
- _____ 03 _____ Need: Did not know that child should be vaccinated–
- _____ 04 _____ Need: Flu is not that serious
- _____ 05 _____ Need: Child had the flu already this flu season
- _____ 06 _____ Concern about vaccine: side effects/can cause flu
- _____ 07 _____ Concern about vaccine: does not work
- _____ 08 _____ Access: Plan to get child vaccinated later this flu season
- _____ 09 _____ Access: Flu vaccination costs too much
- _____ 10 _____ Access: Inconvenient to get vaccinated
- _____ 11 _____ Vaccine shortage: saving vaccine for people who need it more
- _____ 12 _____ Vaccine shortage: tried to find vaccine, but could not get it
- _____ 13 _____ Vaccine shortage: not eligible to receive vaccine
- _____ 14 _____ Some other reason

77 _____ Don't know/Not sure (Probe: "What was the main reason?")

99 _____ Refused

Q13.26. _____ {If Q13.19 date is 06/2003 to present, go to MA27.7; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26), otherwise go to MA27.7}: Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

- _____ 1 _____ Yes
- _____ 2 _____ No
- _____ 7 _____ Don't know/Not sure (Do not probe)
- _____ 9 _____ Refused

MA27.7 _____ Has a doctor, nurse or other health professional EVER said that the child has
asthma? (310)

1 _____ Yes

Chasth4	2	No [Go to Pre-MA27.9]
	7	Don't know / Not sure [Go to Pre-MA27.9]
	9	Refused [Go to Pre-MA27.9]

MA27.8 Does the child still have asthma?

(311)

Chasth4a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

{MA27.9 and MA27.10 to be asked March-December only.}

[Pre-MA27.9]

Ask Immunization questions only if CHLDAGE1 > 6 months of age; Otherwise go to MA27.11.

I have additional questions about the "Xth" child [CATI, please fill in the correct number].

MA27.9 During the past 12 months, has the child had a flu shot? A flu shot is an influenza vaccine injected in [his/her] arm or thigh?

(312)

Chflu	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA27.10

During the past 12 months, has the child had an influenza vaccine sprayed in [his/her] nose? **The influenza vaccine that is sprayed in the nose is FluMist™.**

(313)

Chflu1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA27.11. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

Hinsch3	1	Yes [GO TO MA27.13]
	2	No
	7	Don't know/Not sure [GO TO MA27.13]
	9	Refused [GO TO MA27.13]

MA27.12. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

Hinsch4	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

MA27.13. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

Hinsch5

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (3-6 months)
- 4 Within the past year (6-12 months)
- 5 More than one year
- 7 Don't know
- 9 Refused

MA27.14. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

Hinsch6

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

[Pre-MA27.15]

{IF CHILDAge2 < 3 years old then GO TO Pre-MA27.16; ELSE continue}

MA27.15. [Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

Hinsch7

- 1 Yes
- 2 No
- Do not read**
- 7 Don't know/Not sure
- 9 Refused

[Pre-MA27.16]

{If CHILDAge2 < 6 then GO to MA27.18}

MA27.16. [Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

[NOTE: Permanent teeth come in after primary teeth and include molars]

Hinsch9

- 1 Yes
- 2 No **[Go to MA27.18]**
- 7 Don't Know/Not Sure **[Go to MA27.18]**
- 9 Refused **[Go to MA27.18]**

MA27.17. On how many of this child's permanent teeth are there dental sealants?

PLEASE READ

Hinsch10

- 1 1-4 teeth
- 2 5-8 teeth
- 3 None
- 7 Don't know/Not sure
- 9 Refused

MA27.18. [All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your

insurance, or because you could not find a dentist for this child?

Hinsch8

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 28: Cardiovascular Health

[Splits 1, 2]

{If Split in (1, 2) then continue; else if Split = 3 then go to next section}

[Pre-MA28.1]

{If "Yes" to Q8.1 'ever told one had a heart attack or myocardial infarction' then continue; else go to Pre-MA28.2}

I would like to ask you a few more questions about cardiovascular or heart health.

MA28.1 After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."
(249)

Hare1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[Pre-MA28.2]

{If "Yes" to Q8.3 'ever told one had a stroke' then continue; else go to MA28.3}

MA28.2 After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."
(250)

Hare2

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[For all respondents]

MA28.3 Do you take aspirin daily or every other day?
(251)

Cardo7

- 1 Yes [Go to next section]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA28.4 Do you have a health problem or condition that makes taking aspirin unsafe for you?
(252)

[If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.]

Cardo8

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Section 29: Actions to Control High Blood Pressure

[Splits 1, 2]

{If Split in (1, 2) then continue; else if Split = 3 then go to next section}

{If Q6.1=1, continue; Else go to next section.}

Are you now doing any of the following to help lower or control your high blood pressure:

MA29.1 (Are you) changing your eating habits (to help lower or control your high blood pressure)?

(253)

Hbp1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA29.2 (Are you) cutting down on salt (to help lower or control your high blood pressure)?

(254)

Hbp2

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

MA29.3 (Are you) reducing alcohol use (to help lower or control your high blood pressure)?

(255)

Hbp3

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

MA29.4 (Are you) exercising (to help lower or control your high blood pressure)?

(256)

Hbp4

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

MA29.5 (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

(257)

Hbp5	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA29.6 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

(258)		
Hbp6	1	Yes
	2	No
	3	Do not use salt
	7	Don't know / Not sure
	9	Refused

MA29.7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

(259)		
Hbp7	1	Yes
	2	No
	3	Do not drink
	7	Don't know / Not sure
	9	Refused

MA29.8 (Ever advised you to) exercise (to help lower or control your high blood pressure)?
(260)

Hbp8	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA29.9 (Ever advised you to) take medication (to help lower or control your high blood pressure)?
(261)

Hbp9	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

MA29.10 Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure?
(262)

[If "Yes" and respondent is **female**, ask: "Was this only when you were pregnant?"]

Hbp10	1	Yes
	2	Yes, but female told only during pregnancy
	3	No
	4	Told borderline or pre-hypertensive
	7	Don't know / Not sure
	9	Refused

Section 30: Heart Attack & Stroke

[Splits 1, 2]

{If Split in (1, 2) then continue; else if Split = 3 then go to next section}

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me **"Yes"**, **"No"**, or you're **"Not sure"**:

MA30.1 (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack)?

(263)

Has1a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.2 (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack)?

(264)

Has1b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.3 (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (265)

Has1c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.4 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (266)

Has1d

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.5 (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (267)

Has1e

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.6 (Do you think) shortness of breath (is a symptom of a heart attack?) (268)

Has1f

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me **"Yes"**, **"No"**, or you're **"Not sure"**:

MA30.7 (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke)?

(269)

Has2a

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.8 (Do you think) sudden numbness or weakness of face, arm, leg, especially on one side,
(are symptoms of a stroke)? (270)

Has2b

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.9 (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke)?
(271)

Has2c

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.10 (Do you think) sudden chest pain or discomfort (are symptoms of a stroke)?
(272)

Has2d

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.11 (Do you think) sudden trouble walking, dizziness, or loss of balance (are
symptoms of a stroke)?

Has2e

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.12 (Do you think) severe headache with no known cause (is a symptom of a stroke)?
(274)

Has2f

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA30.13 If you thought someone was having a heart attack or stroke, what is the first thing
you would do?
(275)

Please read

Has3

- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
- or
- 5 Do something else

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

Section 31: Medication

[Splits 1, 2]

{If Split in (1, 2) and age >= 50 then continue; else go to next section}

MA31.1 Now, I would like to ask you a few questions about prescription medications and over-the-counter (non-prescription) medications...

How many, if any, different prescription medications are you currently taking?

Med1

- | | |
|-------|--------------------------------------|
| _____ | [number of medications 01-19] |
| 20 | Twenty or more |
| 88 | None |
| 77 | Don't know |
| 99 | Refused |

MA31.2 Was there a time during the past 12 months when you needed to fill a prescription, but could not because of cost?

Med2

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

{IF MA31.1=77,88,99 THEN GO TO MA31.4, else continue}

In the past year, how often have you encountered any of the following problems regarding your prescription medications:

MA31.3a You were confused or unsure about the benefit or safety of the medication? Would you say...

Please Read

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 8 Never

Do not read

- 7 Don't know/Not sure
- 9 Refused

MA31.3b. You had side effects that caused you to stop taking the medication and/or seek medical attention?

Please Read

- 1 Always
- 2 Usually
- 3 Sometimes

- 4 Rarely
- 8 Never

Do not read

- 7 Don't know/Not sure
- 9 Refused

MA31.3c. You unintentionally took the wrong medication or the wrong amount/dosage?

Read if necessary

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 8 Never

Med6

Do not read

- 7 Don't know/Not sure
- 9 Refused

MA31.4 How many times in the past two weeks have you taken an over-the-counter (non-prescription) medication, including dietary supplements and herbal remedies?

- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 Five or more times
- 8 None
- 7 Don't know
- 9 Refused

Med7

Section 32: Bioterrorism / Mental Health

Splits [3]

{If Split = 3 then continue; else go to next section}

Now, I would like to ask a few more questions about yourself.

MA32.1. Have you ever personally experienced or witnessed an event involving actual or threatened death or serious injury to yourself or others?

- 1 yes
- 2 no **[Go To Question MA32.4]**
- 7 don't know **[Go To Question MA32.4]**
- 9 refused **[Go To Question MA32.4]**

Termh1

MA32.2. Did you experience any negative reactions after these events, such as nightmares, nervousness, stomachaches, or increased use of alcohol, drugs, or tobacco?

- 1 yes
- 2 no **[Go To Question MA32.4]**
- 7 don't know **[Go To Question MA32.4]**
- 9 refused **[Go To Question MA32.4]**

Termh2

MA32.3. How long would you say you experienced any of these negative reactions?

[Interviewer: If respondent reports more than one instance for which they had negative reactions, instruct respondent to report on the instance which had the most lasting negative reactions.]

Termh3

- 1 a month or less
- 2 a month to one year
- 3 more than a year
- 4 always experience

- 7 don't know
- 9 refused

MA32.4. If you experienced a manmade (terrorist) or natural disaster, where would you go for information?

Termh4

Please Read [Code up to 3]

- 1 family or friends
- 2 local authorities
- 3 state or federal officials
- 4 television/newspaper/radio
- 5 the internet
- 6 health care professionals
- Do not read
- 66 other (specify: _____)
- 77 don't know
- 99 refused

MA32.5. How likely do you think it is that you or a family member will be injured over the next 12 months as a result of bioterrorism or another terrorist act?

Terror7

- 1 very likely
- 2 somewhat likely
- 3 not very likely
- 4 very unlikely

- 7 don't know
- 9 refused

MA32.6. About how often do you find yourself worrying about bioterrorism or terrorism?

Terror8

- 1 daily
- 2 once or twice a week
- 3 less than once a week
- 4 never

- 7 don't know
- 9 refused

MA32.7. Since the threats of terrorism and bioterrorism have emerged, do you currently feel that you have adequate social and emotional support to cope with the potential stress of these events?

Terror13

- 1 Yes, I have adequate support
- 2 no, I don't have adequate support
- 3 I don't need any support

- 7 don't know
- 9 refused

Section 33: Food Access

Splits [1, 2]

{If Split in (1, 2) then continue; else go to next section}

I'm going to read you a list of statements about opinions on access to food. For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.

[Note to interviewer: after the first three statements, you do not have to read the responses unless needed to prompt respondent]

MA33.1. Where I shop has a wide choice of fruits and vegetables. Do you...

Fooda1

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither Agree nor Disagree
- 7 Don't Know/Not Sure
- 9 Refused

MA33.2. Where I shop carries the kind of fruits and vegetables I normally eat. Do you....

Fooda2

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 **Neither Agree nor Disagree**
- 7 Don't Know/Not Sure
- 9 Refused

MA33.3 There is a wide choice of food shops in my area that carry fruits and vegetables. Do you...

Fooda3

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 **Neither Agree nor Disagree**
- 7 Don't Know/Not Sure
- 9 Refused

MA33.4. Transportation is not an issue when I buy fruits and vegetables.

Fooda4

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither Agree nor Disagree
- 7 Don't Know/Not Sure
- 9 Refused

MA33.5. The price of fruits and vegetables at the shop where I buy most of my food is affordable to me.

Fooda5

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither Agree nor Disagree
- 7 Don't Know/Not Sure
- 9 Refused

MA33.6. Buying more fruits and vegetables than I already do would be difficult on my budget.

Fooda6

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither Agree nor Disagree
- 7 Don't Know/Not Sure
- 9 Refused

Section 34: Outdoor Air Quality

Splits [1, 2]

If Split in (1, 2) then continue; else go to next section

The next couple of questions are about the outdoor air quality where you live. In these questions, air quality refers to how clean the air is, or how polluted the air is.

Please think of the past 12 months.

MA34.1 How many times did you reduce or change your outdoor activity level because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you made changes because of high pollen levels.

READ

- 8 None

Oair1

- 1 1 to 3 times
- 2 4 to 6 times
- 3 More than 6 times

Do not Read

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

MA34.2 The government routinely collects information on air quality that may be distributed by local radio, TV and newspapers to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live? Please do not include times when you may have heard or read about high pollen counts.

Oair2

- 1 YES
- 2 NO [Go to MA34.4]
- 7 DON'T KNOW/NOT SURE Go to MA34.4
- 9 REFUSED Go to MA34.4

Please think of the past 12 months.

MA34.3 How many times did you reduce or change your outdoor activity level based on the air quality index or air quality alerts? For example, avoiding outdoor exercise or strenuous outdoor activity.
Please do not include times when you may have heard or read about high pollen counts.

Please Read

- 8 None
- 1 1 to 3 times
- 2 4 to 6 times
- 3 More than 6 times

Oair3

Do not read

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

MA34.4 Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality was bad?

Oair5

- 1 YES
- 2 NO

Do not read

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Section 35: Mercury & Fish Consumption

Splits [1, 2]

If Split in (1, 2) then continue; else go to next section

Now, I would like to talk to you about consumption of fish and shellfish.

MA35.1 Are you familiar with the Massachusetts Department of Public Health advisory

about consumption of fish contaminated with mercury?

Mfish1

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

MA35.2. Do you include fish or shellfish in your diet?

Mfish2

- 1 Yes [Go to MA35.4]
- 2 No [Go to MA35.3]
- 7 Don't know/not sure [Go to MA35.9]
- 9 Refused [Go to MA35.9]

MA35.3. Please tell me the primary reason you don't eat fish.

Mfish3

Please Read

- 1 I don't like fish [Go to MA35.9]
- 2 I am a vegetarian [Go to MA35.9]
- 3 I am concerned about contaminants in fish [Go to MA35.9]
- 4 It has never been part of my family's diet [Go to MA35.9]
- 5 Different reason [specify _____] [Go to MA35.9]

Do not read

- 7 Don't know/not sure [Go to MA35.9]
- 9 Refused [Go to MA35.9]

MA35.4. During the last 12 months, about how many times each month did you eat any kind of fish or shellfish?

Mfish4

- ____ TIMES PER MONTH [01-76]
- 8 8 No fish in last 12 months [Go to MA35.9]
- 7 7 Don't know/not sure
- 9 9 Refused

MA35.5. Please tell me about how many times in the past 12 months you have eaten the following types of fish .

First, canned tuna.

[Note: this includes pink as well as white/albacore tuna]

Mfish5

- ____ times in last 12 months [001-776]
- 8 8 8 no tuna in last 12 months [Go to MA35.7]
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

MA35.6. Of this canned tuna, how many times did you eat 'white' or albacore canned tuna?

Mfish6

- ____ times in last 12 months [001-776]
- 8 8 8 no tuna in last 12 months
- 7 7 7 Don't know/not sure
- 9 9 9 Refused

MA35.7. How many times in the last 12 months did you eat fresh or frozen tuna steak, swordfish, shark, king mackerel, or tilefish?

Mfish7

_____ times in last 12 months [001-776]
 8 8 8 none of these fish in last 12 months
 7 7 7 Don't know/not sure
 9 9 9 Refused

MA35.8. How many times in the last 12 months did you eat Massachusetts inland lake or river fish caught by you or someone you know?

Mfish8

_____ times in last 12 months [001-776]
 8 8 8 none of these fish in last 12 months
 7 7 7 Don't know/not sure
 9 9 9 Refused

MA35.9. Do you or does anyone in your household have a Massachusetts sport fishing license?

Mfish9

1 Yes
 2 No
 7 Don't know/not sure
 9 Refused

Section 36: Abstinence

Splits [1, 2]

If Split in (1, 2) and Q13.6 does not equal to 88 or 99 then continue; else go to next section

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

Pre-MA36.1:

Split 1: Continue

Split 2: If CHILDAge2 is between 5-17 then go to MA36.2; else continue.

Split 2: if MA27.1=DK or REF, continue with MA36.1

MA36.1 We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

Teen9

1 Yes
 2 No **[Go to next section]**
 7 Don't Know/ Not Sure **[Go to next section]**
 9 Refused **[Go to next section]**

MA36.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

[If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.]

Teen2

__ . __ Number

7 7 Don't know/Not sure
9 9 Refused

MA36.3. Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

Teen3a

____ Age (years)
7 7 Don't know/Not sure
9 9 Refused

[Pre-MA36.4]

If split = 2 and Q13.6=1 then go the Pre-MA36.5; else continue

If split=2 and Q13.6=1 and childage2=DK or REF, continue

MA36.4. Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

Teen4b

1 ____ Male age in years
2 ____ Female age in years
9 9 9 Refused

[Pre_MA36.5]

If split = 2 and Q13.6=1 then do;

If CHILDAge2 = [under 13, unknown] then go to next section; else go to MA36.6

Else do;

If MA36.4=999 go to next section

If MA36.4>112 or MA36.4 > 212) then go to MA36.5; else go to next section

MA36.5 You may have answered this question earlier, but how are you related to this child? Is this child a(n)...

Teen5

Please read

- 01 Natural-born or adopted son/daughter
- 02 Stepson/stepdaughter
- 03 Grandchild
- 04 Foster child
- 05 Niece or nephew
- 06 Brother or sister
- 07 Other relative
- 08 Other non-relative

Do not read

7 7 Don't know/Not sure
9 9 Refused

The next few questions ask about specific topics that you may or may not have discussed with this child.

MA36.6. During the past 12 months have you discussed any of the following with this child?

	Yes	No	Don't know/ Not sure	Refused
Teen8a-f				
a. sexual abstinence	1	2	7	9

b. teen pregnancy	1	2	7	9
c. HIV/AIDS	1	2	7	9
d. other sexually transmitted disease (These include diseases such as chlamydia, gonorrhea, and syphilis)	1	2	7	9
e. how to handle pressure to have sex	1	2	7	9
f. dating violence	1	2	7	9

MA36.7. During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

Teen6a

Please read

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Section 37: Sexual Behavior

[Split = 3]

If Split = [3] AND (age = 18-64 or (7,9)) then continue; else go to next section

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA37.1. During the past 12 months, have you had sex?

Sexyesno

- 1 Yes
- 2 No [Go to MA37.7]
- 7 Don't Know/ Not sure [Go to MA37.7]
- 9 Refused [Go to MA37.7]

MA37.2. During the past 12 months, with how many people have you had sex?

Sex12mb

- Number
- 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

{If MA37.2 = 1, then go to MA37.4}

MA37.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

Sexgend1

- 1 Only males
- 2 Only females
- 3 Both males and females

- 7 Don't Know/ Not sure
- 9 Refused

MA37.4. The last time you had sex, was your partner male or female?

- | |
|-----------------|
| Sexgend2 |
|-----------------|
- 1 Male
 - 2 Female
 - 7 Don't Know/ Not Sure [**Go to MA37.7**]
 - 9 Refused [**Go to MA37.7**]

MA37.5. Now, thinking back about the last time you had sex, did you or your partner use a condom?

- | |
|-----------------|
| Sexconda |
|-----------------|
- 1 Yes [**go to MA37.7**]
 - 2 No [**go to MA37.6**]
 - 7 Don't Know [**go to MA37.7**]
 - 9 Refused [**go to MA37.7**]

MA37.6. Which best describes the reason you did not use a condom the last time you had sex?

PLEASE READ

- | |
|----------------|
| Nocond1 |
|----------------|
- 1 My partner and I only have sex with each other
 - 2 I do not like to use condoms
 - 3 My partner and I had oral sex only
 - 4 I was drunk or high
 - or-
 - 5 Some other reason (**specify**) _____

Do Not Read

- 7 Don't Know / Not Sure
- 9 Refused

MA37.7. During the past 12 months has a doctor, nurse or other health professional talked to you about chlamydia?

- | |
|--------------|
| Sexb1 |
|--------------|
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused

MA37.8. During the past 12 months, has a doctor, nurse or other health professional asked you about your sexual behavior?

- | |
|--------------|
| Sexb2 |
|--------------|
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused

MA37.9. During the past 12 months, has a doctor, nurse or other health professional asked you about your drinking or drug use?

- | |
|--------------|
| Sexdd |
|--------------|
- 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused

Section 38: Sexual Violence

[Split = 3]

{If Split = [3] then continue; else go to next section}

MA38T.I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

My first questions are about unwanted sexual experiences you may have had.

{1=continue; 2=skip to next section. }

MA38.1 In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies.

(377)

Sexsit1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA38.2 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent?

(378)

Sexsit2

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER'S SCRIPT {MA38_AT}: "Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused".

MA38.3 In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

(379)

Sexatt

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA38.4 In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent?
(380)

Sexhad	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

{Ask MA38.5 and MA38.6 only if MA38.3 or MA38.4 =1 (Yes); Else go to pre-MA38.7.}

[CATI INSTRUCTION]: Apply the following logic:

{If MA38.4 =1 (regardless of response to MA38.3) then QMA38.5 reads "...the person who had sex with you..."}

{If MA38.4=2 and MA38.3=1 then MA38.5 reads "...the person who attempted to have sex with you..."}

MA38.5 At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent.

(381-382)

Sexast7	DO NOT READ	
	0 1	Complete stranger
	0 2	A person known for less than 24 hours
	0 3	Acquaintance
	0 4	Friend
	0 5	Date
	0 6	Current boyfriend/girlfriend
	0 7	Former boyfriend/ girlfriend
	0 8	Spouse or live-in partner
	0 9	Ex-spouse or ex live-in partner
	1 0	Co-worker
	1 1	Neighbor
	1 2	Parent
	1 3	Step-parent
	1 4	Parent's partner
	1 5	Other relative
	1 6	Other non-relative
	1 7	Multiple perpetrators (skip gender)
7 7	Don't know / Not sure	
9 9	Refused	

INTERVIEWER NOTE: If the respondent indicates the gender of the person, please complete question 6. If the respondent does not indicate the gender of the person, please ask question 6.

MA38.6 Was the person who did this male or female?
(383)

Sexastg	1	Male
	2	Female
	7	Don't know / Not sure
	9	Refused

{If MA38.3=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, go to MA38.8.}

MA38.7 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you

didn't want to or without your consent, BUT SEX DID NOT OCCUR?
(384)

Sexatt1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{If MA38.4 =2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, read closing statement.}

MA38.8 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?
(385)

Sexatt2

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Closing Statement (MA38C): We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1- 800-656-HOPE (4673)**. Would you like me to repeat this number?

Section 39: Intimate Partner Violence

[Split = 3]

{If Split = [3] then continue; else go to next section}

MA39T. The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

{1=continue; 2=skip to next section. }

MA39.1 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way.

Ipv

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA39.2 Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?

(387)

Ipv1

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{NOTE: Read the underlined portion of MA39.3; only if MA39.2=1 (Yes).}

MA39.3 "Other than what you have already told me about" Has an intimate partner EVER

Ipvatt

ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to.
(388)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER'S SCRIPT {MA39 BT}: "Now I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here".

MA39.4 Have you EVER experienced any unwanted sex by a current or former intimate partner?
(389)

Sexatt3

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{IfMA39.2 or MA39.3 =1 (Yes); continue. Otherwise, skip MA39.5,MA39.6, & MA39.7.}

MA39.5 In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?
(390)

Sex12

- 1 Yes
- 2 No [Go to IPV closing]
- 7 Don't know / Not sure [Go to IPV closing]
- 9 Refused [Go to IPV closing]

MA39.6 In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?
(391)

Sex12i

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA39.7 At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you?
(392-393)

Sexvr

DO NOT READ

- 0 1 Boyfriend
- 0 2 Girlfriend
- 0 3 Former boyfriend
- 0 4 Former girlfriend
- 0 5 Male you were dating
- 0 6 Female you were dating
- 0 7 Husband or male live-in partner
- 0 8 Former husband or former male live-in partner
- 0 9 Wife or female live-in partner
- 1 0 Former wife or former female live-in partner
- 1 1 Other

- 7 7 Don't know / Not sure
9 9 Refused

Closing Statement {MA39C}: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat this number?

Section 40: Gambling

[Split = 3]

{If Split = [3] then continue; else go to next section}

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA40.1. Gambling and games of chance include: lottery games, scratch tickets or Keno; bingo; dice or card games for money; horse or dog races; sports pools; casinos; or gambling over the Internet. In the last 12 months, have you gambled or played games of chance for money?

Gamble1

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

MA40.2. At any time in your life would you or anyone else in your family say that the money or time you have spent gambling led to financial problems or any other problems in your family, work, or personal life?

Gambl2

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 41: Alcohol and Drug Awareness

[Split = 3]

{If Split = [3] then continue; else go to next section}

MA41.1. I'm going to read you a list of statements about opinions on alcohol and drug use. For each statement, please tell me whether you Strongly agree, Agree, Disagree, or Strongly Disagree.

[Note to interviewer: after the first three statements, you do not have to read the responses unless needed to prompt respondent]

a. You can tell, just by looking at someone, if he or she is an alcoholic or drug addict. Do you...

Adaware1

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

- b. A person who only drinks beer can be an alcoholic. Do you...

Adaware2

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

- c. Alcohol is a drug. Do you...

Adaware3

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

- d. Alcoholism and drug addiction can be treated successfully.

Adaware4

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

- e. Addiction to alcohol or drugs is a sign of personal weakness.

Adaware5

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

- f. A person who is an alcoholic or drug addict has a brain disease.

Adaware6

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

- g. If a parent, brother or sister is an alcoholic or drug addict, it increases one's chance of becoming an alcoholic or drug addict.

Adaware7

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 5 Neither agree nor disagree
- 7 Don't Know/Not Sure
- 9 Refused

Section 42: Alcohol Use

[Split = 3]

{If Split = [3] and age = [18-65 or 7,9] then continue; else go to next section}

This section is about alcohol and drugs. Remember that your answers are strictly confidential. First, I would like to ask a few more questions about alcohol consumption.

If Q12.4 = (77,88,99) then go to MA42.4

Else if Q12.4 = 1-76 then go to MA42.7

Else if Q12.1 = (7, 9) or Q12.2 = (7,9) then continue

- MA42.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 cocktail, or 1 shot of liquor. How long has it been since you last drank an alcoholic beverage at least once a month?

Alc13

- 1 Within the last year
- 2 Within the last two years
- 3 3-5 years ago
- 4 5 or more years ago
- 8 Never drank/Never drank regularly [Go to next section]
- 7 Don't Know/Not sure
- 9 Refused

- MA42.2. During the most recent times you were drinking, about how often during a week or month did you have at least one drink of any alcoholic beverage?

Alc10b

- 1 ___ Days per week
- 2 ___ Days per month
- 8 8 8 Never drank [Go to next section]

7 7 7 Don't know/Not sure [Go to MA42.4]
 9 9 9 Refused [Go to MA42.4]

MA42.3. During the most recent times you were drinking, on the days when you drank, about how many drinks did you have on average?

Alc11b

Number of drinks
 8 8 None [Go to next section]
 7 7 Don't know/Not sure
 9 9 Refused

MA42.4. At any time in your life, did you ever have [if Q13.17=1 then read, "5", else if Q13.17=2, then read, "4"] or more drinks on the same occasion?

Alc14

1 Yes
 2 No [GO TO MA42.7]
 7 Don't Know/Not sure [GO TO MA42.7]
 9 Refused [GO TO MA42.7]

MA42.5. How long has it been since you had [if Q13.17=1 then read, "5", else if Q13.17=2, then read, "4"] or more drinks on the same occasion?

Alc15

1 Within the past 12 months
 2 1-2 years ago
 3 3-5 years ago
 4 5 or more years ago
 7 Don't Know/Not sure
 9 Refused

MA42.6. At that time, how often did you have [if Q13.17=1 then read, "5", else if Q13.17=2, then read, "4"] or more drinks on the same occasion? Would you say...

Alc16

PLEASE READ

1 Daily
 2 3 to 6 days per week
 3 1 to 2 days per week
 4 1 to 3 days per month
or
 5 Less often

Do not read

7 Don't Know/Not Sure
 9 Refused

MA42.7. Have you or anyone else ever thought that you might have a problem with alcohol?

Alc17

1 Yes
 2 No
 7 Don't Know/Not sure
 9 Refused

MA42.8. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

Alc18

1 Yes
 2 No [GO TO pre-MA42.10]
 7 Don't Know/Not sure [GO TO pre-MA42.10]

9 Refused [GO TO pre-MA42.10]

MA42.9. When was the last time this happened?

Alc19

- 1 Within the past 30 days
- 2 More than 30 days ago, but within past 12 months
- 3 More than 12 months ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA42.10:

[Ever problem drinkers]

If [Q12.3=2 AND Q12.2 =(107,230)] OR
[Q12.3=3 AND Q12.2 =(105-107,220-230)] OR
[Q12.3=4 AND Q12.2 =(104-107,215-230)] OR
Q12.3=(5-76) OR Q12.4=(4-76) or
Q12.2 =(101-230) AND MA42.7 = 1 then continue;

Else if MA42.7 = 1 OR MA42.8=1 OR
[MA42.3=2 and MA42.2 =(107,230)] OR
[MA42.3=3 and MA42.2 =(105-107,220-230)] OR
[MA42.3=4 and MA42.2 =(104-107,215-230)] OR
MA42.3=(5-76) OR MA42.6=(1,2,3) then continue.

[Never problem drinkers]

Else go next section

MA42.10. [Ever problem drinkers] How old were you the first time you had a whole drink of an alcoholic beverage? By drink we mean an entire alcoholic beverage by yourself, such as a glass of wine, bottle of beer, or mixed drink?

Alc20

___ years old (Code 76 for 76 or older)

- 7 7 Don't Know/Not sure
- 9 9 Refused

pre-MA42.11:

[Recent problem drinker]

If [Q12.3=2 AND Q12.2 =(107,230)] OR
[Q12.3=3 AND Q12.2 =(105-107,220-230)] OR
[Q12.3=4 AND Q12.2 =(104-107,215-230)] OR
Q12.3=(5-76) OR Q12.4=(4-76) OR
[Q12.2 =(101-230) AND MA42.7=1] then continue;

Else if [MA42.1 = 1 AND MA42.3=2 AND MA42.2 =(107,230)] OR
[MA42.1 = 1 AND MA42.3=3 AND MA42.2 =(105-107,220-230)] OR
[MA42.1 = 1 AND MA42.3=4 AND MA42.2 =(104-107,215-230)] OR
[MA42.1 = 1 AND MA42.3=(5-76)] then continue;

Else if [MA42.5=1 AND MA42.6 = (1,2,3)] OR
[MA42.1=1 AND MA42.7 = 1] OR [MA42.9=(1,2)] then continue.

[Not recent problem drinker] Else go to next section

The next set of questions are about things that might have happened as a result of using alcohol during the past 12 months.

MA42.11. [Recent problem drinker] During the past 12 months, was there a time when ...

	Yes	No	Don't know	Refused
Alc21a-j				
a. You spent a lot of time getting over the effects of alcohol?	1	2	7	9
b. You used alcohol more often or in larger quantities than you meant to?	1	2	7	9
c. Using the same amount of alcohol had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your alcohol use kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9
e. Your use of alcohol caused you to feel depressed, suspicious of people, or paranoid?	1	2	7	9
f. Your use of alcohol caused you to have any physical problems?	1	2	7	9
g. You wanted to stop using, or cut down on alcohol, but found that you couldn't?	1	2	7	9
h. You made rules about where, when, or how much you would use alcohol, and then broke the rules more than once?	1	2	7	9
i. You had symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the alcohol was wearing off?	1	2	7	9
j. You drank alcohol to prevent or cure any of these symptoms?	1	2	7	9

Section 43: Drug Use

[Split = 3]

{f Split = [3] and age = [18-65 or 7,9] then continue; else go to next section}

I want to ask you some questions about drugs. I only want to know about drugs that have not been prescribed for you by your doctor or other health professional. Please remember that your answers are strictly confidential.

MA43.1. Have you ever, even once, used marijuana?

Drug1	1	Yes
	2	No
	7	Don't Know/Not Sure
	9	Refused

MA43.2. Have you ever, even once, used any of the following drugs: powder or crack cocaine, heroin, hallucinogens, (if Q13.1 = [18-35] then read "MDMA/Ecstasy or Oxycontin")

Drug2

- 1 Yes
 2 No [Go to MA43.4]
 7 Don't Know/Not Sure [Go to MA43.4]
 9 Refused [Go to MA43.4]

MA43.3. Which drugs have you tried even once in your lifetime? [If Q13.1 > 35, please read {1,2,3,4}; Else if Q13.1 = [18-35] then read {1,2,3,4,5,6}]

Drug3a-e

(Code all that apply)

PLEASE READ

- 1 Powder Cocaine
 2 Crack Cocaine
 3 Heroin
 4 Hallucinogens
 5 MDMA/Ecstasy
 6 Oxycontin

Do not read:

- 7 Don't Know/Not Sure
 9 Refused

MA43.4. Now I want to ask you about use of sedatives or tranquilizers that may or may not have been prescribed for you by your doctor or other health professional. Have you ever used sedatives or tranquilizers that were not prescribed to you, or used more than the recommended amount of these drugs when they were prescribed for you?

Drug4

- 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

Pre-MA43.5:

{If MA43.1 = (2,7,9) AND MA43.2 = (2,7,9) AND MA43.4 = (2,7,9) then go to next section.}
 {Else if MA43.1 = 1 or MA43.3 = 1 or MA43.4 = 1 then continue.}

MA43.5. How old were you the first time you used either an illegal drug or a tranquilizer or sedative that was not prescribed for you?

— — years old (Code 76 for 76 or older)

Drug5i

- 7 7 Don't Know/Not sure
 9 9 Refused

{Ask MA43.6 for each drug that respondent said yes to in MA43.1, MA43.3, or MA43.4.}

MA43.6. How long has it been since you last used ...

		Within 30 days	Within 1 year	>1 year	DK/NS	REF
Drug6a-h						
a.	Marijuana	1	2	3	7	9
b.	Powder Cocaine	1	2	3	7	9
c.	Crack Cocaine	1	2	3	7	9
d.	Heroin	1	2	3	7	9
e.	Hallucinogens	1	2	3	7	9
f.	MDMA/Ecstasy	1	2	3	7	9
g.	Tranquilizers/Sedatives	1	2	3	7	9

h.	Oxycontin	1	2	3	7	9
----	-----------	---	---	---	---	---

MA43.7. Have you or anyone else ever thought that you might have a problem with your drug use?

Drug8i

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

{pre-MA43.8: if MA43.2 = [2,7,9] go to pre-MA43.10}

MA43.8. Have you ever injected any drug in order to get high, even just once?

Drug9

- 1 Yes
- 2 No [GO TO pre-MA43.10]
- 7 Don't Know/Not Sure [GO TO pre-MA43.10]
- 9 Refused [GO TO pre-MA43.10]

MA43.9. How long has it been since you last injected a drug to get high?

Drug10

- 1 Within the past 30 days
- 2 Within the past year (30 days to 1 year)
- 3 Within the past 5 years (1 to 5 years ago)
- 4 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA43.10:

[Recent drug users] If MA43.6a-h = (1,2) or MA43.9 = (1,2) then go to MA43.10.

[Ever drug users] Else if MA43.6a-h = (3,7,9) or MA43.9 = (3,4,7,9) then go to next section.

[Non-drug users] Else if [MA43.1 = (2,7,9) AND MA43.2 = (2,7,9) AND MA43.4 = (2,7,9)] then go to next section.

The next set of questions are about things that might have happened as a result of using any of the drugs you may have used in the past 12 months. I won't be asking about which drug was responsible, only if it happened.

MA43.10. [Recent drug user] During the past 12 months, was there a time when ...

Drug11a-j	Yes	No	DK/N S	Ref
a. You spent a lot of time getting over the effects of the drug?	1	2	7	9
b. You used the drug more often or in larger quantities than you intended to?	1	2	7	9
c. Using the same amount of the drug had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your use of the drug often kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9

e. Your use of drugs caused you to feel depressed, suspicious of people, paranoid, or to have strange ideas?	1	2	7	9
f. Your use of drugs caused you to have any physical problems?	1	2	7	9
g. You wanted to stop using, or cut down on drugs, but found that you couldn't?	1	2	7	9
h. You made rules about where, when, or how much you would use the drug, and then broke the rules more than once?	1	2	7	9
i. You had symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the drug was wearing off?	1	2	7	9
j. You took drugs to prevent or cure any of these symptoms?	1	2	7	9

Section 44: Alcohol and Drug Treatment

[Split = 3]

{If Split = [3] and age = [18-65 or 7,9] then continue; else go to next section}

MA44.1. During the past 12 months has a doctor, nurse or other health professional talked to you about the negative health effects of illegal drugs or alcohol abuse?

Dr_abuse

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

[Ever Drug User]

If MA43.1 = 1 OR MA43.2 = 1 OR MA43.4 = 1 then continue;

[Ever Problem Drinker]

Else if [Q12.3=2 AND Q12.2 =(107,230)] OR
[Q12.3=3 AND Q12.2 =(105-107,220-230)] OR
[Q12.3=4 AND Q12.2 =(104-107,215-230)] OR
Q12.3=(5-76) OR Q12.4=(4-76) then continue.

Else if MA42.7 = 1 OR MA42.8=1 OR
[MA42.3=2 AND MA42.2 =(107,230)] OR
[MA42.3=3 AND MA42.2 =(105-107,220-230)] OR
[MA42.3=4 AND MA42.2 =(104-107,215-230)] OR
MA42.3=(5-76) OR MA42.6=(1,2,3) then continue.

Else Go to next section

The next few questions are about counseling or treatment for alcohol or drugs. Do not include treatment for cigarette smoking. First, I will ask about attendance at self-help group meetings. Please do not include educational classes in your answers.

MA44.2. [Ever drug user AND ever problem drinker] Have you ever attended even one meeting of a self-help program such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

Datx1

- 1 Yes
- 2 No [GO TO MA44.6]
- 7 Don't Know/Not Sure [GO TO MA44.6]
- 9 Refused [GO TO 44.6]

MA44.3. How long has it been since you attended a meeting of a self-help program?

Datx2

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA44.4. For how long (if MA44.3=1 then read "have you been attending"; else if MA44.3=2-9 then read "did you attend") these meetings?

Datx3

- 1 ____ (number of days)
- 2 ____ (number of weeks)
- 3 ____ (number of months)
- 4 ____ (number of years)
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA44.5. About how many self-help meetings have you ever attended in your entire life? Would you say...

PLEASE READ

Datx4

- 1 10 or fewer
- 2 More than 10 but fewer than 100
- 3 100 or more

Do not read

- 7 Don't Know/Not Sure
- 9 refused

MA44.6. Have you ever taken a class for an offense of driving while under the influence of alcohol or drugs?

Datx5

- 1 Yes
- 2 No [Go to MA44.8]
- 7 Don't Know/Not Sure [Go to MA44.8]
- 9 Refused [Go to MA44.8]

MA44.7. How long ago did you take a class?

Datx6

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA44.8. Now I will ask about professional help, not including self-help groups or educational classes. Have you ever received professional treatment or counseling for your use of alcohol or any drug?

Datx7

- 1 Yes
- 2 No [Go to pre-MA44.16]
- 7 Don't Know/Not Sure [Go to pre-MA44.16]
- 9 Refused [Go to pre-MA44.16]

MA44.9. How many times in your life have you been in treatment or counseling?

Datx8

- # times
- 7 7 Don't Know/Not Sure
- 9 9 Refused

MA44.10. How long ago were you in treatment or counseling (if MA44.9>1 then read "the last time")?

Datx9

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA44.11. Which of the following was the main place you received treatment or counseling (if MA44.9>1 then read "the last time")?

Datx10

Please read

- 1 Hospital Emergency Room
- 2 Hospital as an Inpatient
- 3 Detox Facility
- 4 Residential drug or alcohol rehabilitation facility
- 5 Outpatient drug or alcohol rehabilitation facility
- 6 Outpatient mental health facility
- 8 Private therapist or doctor's office
- 10 Some other place/facility (**specify**) _____

Do not read:

- 77 Don't Know/Not Sure
- 99 Refused

MA44.12. How did your (if MA44.9>1 then read "last") treatment or counseling end? Would you say you...

Datx11

Please read

- 1 Successfully completed treatment [Go to MA44.14]
- 2 Left treatment before completing it [Go to MA44.13]
- 3 Still in treatment now [Go to MA44.14]

Do not read

- 7 Don't Know/Not Sure [Go to MA44.15]
- 9 Refused [Go to MA44.15]

MA44.13. What was the reason you did not complete treatment? Did you leave because...?

Datx12

Please read

- 1 You had a problem with the program?
- 2 You could not afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again
- 5 Staff discharged you
- 6 some other reason: (**specify**) _____

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

MA44.14. [If MA44.9=1:] How long [if MA44.12=(1,2) then read "did you stay"; else if MA44.12=3 then read "have you been"] in treatment?

Datx13

[If MA44.9>1:] How long [if MA44.12=(1,2) then read "did you stay in treatment the last time"; else if MA44.12=3 then read "have you been in treatment this time"]?

- 1 ____ # days
- 2 ____ # weeks
- 3 ____ # months
- 4 ____ # years
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA44.15. Which one of the following sources paid the majority of the cost of your (if MA44.9>1 then read "last") treatment?

Datx14

PLEASE READ

- 1 Private health insurance
- 2 Medicare
- 3 Medicaid
- 4 Family members
- 5 The Courts
- 6 Military health care
- 8 Employer
- 10 Other public assistance program
- 11 Your own savings or earnings
- 12 Some other source: (**specify** _____)

Do not read:

- 77 Don't Know/Not Sure
- 99 Refused

pre: MA44.16:

[Recent drug user] If MA43.6a-h = (1,2) OR MA43.9 = (1,2) then Go to MA44.16.
Else go to pre-MA44.17.

MA44.16. [Recent drug user] During the past 12 months, did you need treatment or counseling for your use of drugs but did not receive it?

Datx15

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

PRE-MA44.17:

[Recent Problem Drinker]

If [Q12.3=2 AND Q12.2 =(107,230)] OR

[Q12.3=3 AND Q12.2 =(105-107,220-230)] OR
 [Q12.3=4 AND Q12.2 =(104-107,215-230)] OR
 Q12.3=(5-76) OR Q12.4=(4-76) OR
 [Q12.2=(101-230) AND MA42.7=1] then continue;

Else if [MA42.1 = 1 AND MA42.3=2 AND MA42.2 =(107,230)] OR
 [MA42.1 = 1 AND MA42.3=3 AND MA42.2 =(105-107,220-230)] OR
 [MA42.1 = 1 AND MA42.3=4 AND MA42.2 =(104-107,215-230)] OR
 [MA42.1 = 1 AND MA42.3=(5-76)] then continue;

Else if [MA42.5=1 AND MA42.6 = (1,2,3)] OR
 [MA42.1=1 AND MA42.7 = 1] OR [MA42.9=(1,2)] then continue.

[Not Recent Problem Drinker]

Else go to pre-MA42.18

MA44.17. [Recent problem drinker] During the past 12 months, did you need treatment or counseling for your use of alcohol but did not receive it?

Datx16

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

pre: MA44.18:

If MA44.2 = 2 AND MA44.8 = 2 AND MA43.7 = 1 then go to MA44.18;
 Else if MA44.2 = 2 AND MA44.8 = 2 AND MA42.7 = 1 then go to MA44.18;
 Else go to next section

MA44.18. What is the main reason you did not seek treatment for your alcohol or drug use?

Read only if necessary

Datx17

- 1 Thought could handle the problem on my own
- 2 Did not think problem was serious
- 3 Thought problem would get better by itself
- 4 Could not afford treatment
- 5 Wanted to keep drinking or using drugs
- 6 Too embarrassed to talk about it with anyone
- 8 Did not think anyone could help
- 10 Was afraid of what friends, family, etc would think
- 11 Did not have the time
- 12 Other **specify** _____

Do not read

- 77 Don't Know/Not Sure
- 99 Refused

Section 45: Suicide and Suicide Survivors

[Split = 3]

{If Split = [3] then continue; else go to next section}

The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section

please say so.

[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE:

- 1 Respondent asks to skip section **[GO TO follow-up]**
- 2 Continue

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

MA45.1. During the past 12 months, did you ever seriously consider attempting suicide?

Suic1

- 1 Yes
- 2 No **[Go to MA45.5]**
- 7 Don't know/Not sure **[Go to MA45.5]**
- 9 Refused **[Go to MA45.5]**

MA45.2. During the past 12 months, did you actually attempt suicide?

Suic2

- 1 Yes
- 2 No **[Go to MA45.4]**
- 7 Don't know/Not sure **[Go to MA45.5]**
- 9 Refused **[Go to MA45.5]**

MA45.3. During the past 12 months, did any suicide attempt result in an injury or illness that required treatment by a doctor, nurse, or other health professional?

Suic5

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA45.4. Who, if anyone, have you spoken to about **{if MA45.1=1 and MA45.2=2 say "considering", if MA45.1=1 and MA45.2=1 say "considering or attempting"}**, suicide?

Suic6

[Code up to four]

Please Read

- 1 No one
- 2 A family member/friend or acquaintance
- 3 A crisis hotline
- 4 A therapist or counselor
- 5 A medical provider
- 6 Other professional
- 8 Other (**specify**_____)

Do not read

- 7 Don't know/Not sure
- 9 Refused

MA45.5. Has someone close to you died by suicide?

Suioth

- 1 Yes
- 2 No (**go to Suicide closing**)
- 7 Don't know/Not sure (**go to Suicide closing**)
- 9 Refused (**go to Suicide closing**)

MA45.6. Did your loss cause you to seek support or assistance from anyone?

Suicoth1

- 1 Yes
- 2 No (**go to pre-MA45.9**)
- 7 Don't know/Not sure (**go to pre-MA45.9**)
- 9 Refused (**go to pre-MA45.9**)

MA45.7. From whom did you seek the most support or assistance?

Suihelp

Please Read

- 1 spouse or partner
- 2 close friend
- 3 primary care doctor
- 4 clergy
- 5 mental health professional
- 6 support group

Or

- 8 Other(specify_____)

Do not read

- 7 Don't know/not sure
- 9 Refused

MA45.8. How helpful were they?

Suihlp1

Please Read

- 1 not at all helpful
- 2 minimally helpful
- 3 moderately helpful
- 4 very helpful

Do not read

- 7 Don't know/Not sure
- 9 Refused

pre-MA45.9: {If MA45.6 = 2 then continue; else go to Suicide Closing.}

MA45.9. What were the greatest barriers to your obtaining help?

Suihlp2

[code up to four]

Please Read

- 01 Lack of information about available resources
- 02 Lack of financial resources
- 03 Concern about what others would think of you or your family
- 04 Lack of time
- 05 Depression
- 06 Lack of resources in your area

Or

- 08 Other(specify_____)

Do not read

- 09 No barriers – did not seek help
- 77 Don't know/Not sure
- 99 Refused

Closing:

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis line at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your doctor or health provider.

Section 46: Follow-up

[Splits 1,2,3]

MA46.1

Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

Followup

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.